

## Statutory Declaration of Beneficiary – Small Claims Form

FOR USE WHEN THE TOTAL BALANCE OF THE ACCOUNT(S) IS LESS THAN £15,000

## Instructions:

- 1. This form should be completed in full by the beneficiary or the executor of the deceased member
- 2. Please delete as applicable all fields marked with an asterisk (\*)
- 3. For balances over £500 this form must be signed in the presence of a Commissioner for Oaths or Solicitor and verified with their official stamp

DECEASED MEMBER'S DETAILS							
Chorley Building Society Account No(s)							
Total Account Balances							
Members Full Name		Formally residing at					
Date of Death							
			Postcode				
BENEFICIARY OR EXECUTOR DETAILS							
Beneficiary/Executor 1		Beneficiary/Executor 2					
Full Name		Full Name					
Residing at		Residing at					
	Postcode		Postcode				
Relationship to deceased		Relationship to deceased					
Home telephone number		Home telephone number					
Mobile		Mobile					
Email address		Email address					
Beneficiary/Executor 3 Beneficiary/Executor 4							
Full Name		Full Name					
Residing at		Residing at					
	Postcode		Postcode				
Relationship to deceased		Relationship to deceased					
Home telephone number		Home telephone number					
Mobile Mobile		Mobile					
Email address		Email address					

## TO BE COMPLETED IF A WILL HAS BEEN LEFT BY THE DECEASED

## I/We\*, the named executor(s) do solemnly and sincerely declare that:

a) The Estate for the deceased does not require Grant of Probate.

Position held

- b) I/We\* am/are\* the executor(s) named to administer the estate under the Will
- c) Iam/We are\* the only person(s) entitled to administer the instructions of the Deceased's above numbered account(s) with the Chorley Building Society and action the closure requests as stated by myself/ourselves/the Executor(s) named in the Will of the Deceased.
- d) I/We\* confirm that the information in this form has been completed correctly and I/We acknowledge that the Society has agreed to act upon it in good faith and in reliance on the information provided. Accordingly, if I/We\* or the Society become aware of any circumstances under which the payee(s) is/are\* not entitled to receive the funds, I agree to return them in full.

e) I/We* make the solemn	declaration conscientiously believing the same to b	e true by virtue of the pro	visions of the Statu	tory Declarations Ac	ot 1835.
Signed (Executor 1)		Signed (Executor 2)			
Signed (Executor 3)		Signed (Executor 4)			
TO BE COMPLETED IF I	NO WILL WAS LEFT BY THE DECEASED				
I/We*, the named bene	ficiary(ies), do solemnly and sincerely declar	e that:			
a) The deceased died with	out leaving a Will (intestate) and no Letters of Admir	nistration have been gran	ted to the estate.		
b) I/We* are legally entitle payable to myself / ours	d, either solely or with others, to the balance in the deselves.	eceased's accounts with	Chorley Building So	ciety and the closure	e cheque should be be made
c) I/We* can confirm that on the information prov agree to return them in	the information in this form has been completed corrided. Accordingly, if <b>I/We*</b> or the Society become aw full.	rectly and I acknowledge are of any circumstances	that the Society has s under which the pa	s agreed to act upon ayee(s) <b>is/are*</b> not e	it in good faith and in reliance ntitled to receive the funds, I
d) I/We* make this solem	declaration conscientiously believing the same to b	pe true by the virtue of the	e revisions of the Sta	atutory Declarations	Act 1835.
Signed (Beneficiary 1)		Signed (Beneficiary 2)			
Signed (Beneficiary 3)		Signed (Beneficiary 4)			
TO BE COMPLETED IN	ALL CASES BY COMMISSIONER FOR OATHS	/SOLICITOR			
Name and address of Commissioner for Oaths/Solicitor					
	Postcode				
Telephone number					
Declared in the County of					
On the date					
Print Name					
Signature		Official stamp o or Commissione			